

## **Preparing the German Air Force for Deployment – The Stress Concept of the General Surgeon**

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### **1.0 SUMMARY**

Because of political restrictions the German Armed Forces had not been involved in NATO – and/or UN – deployments until after the reunification of Germany. After the first experiences with such deployments in the early and mid 90's it became evident that some kind of psychological support would have to be provided. As a consequence of several dangerous situations and critical incidents the German Armed Forces experienced flying into and in Bosnia the office of the General Surgeon of the German Air Force, which is responsible for all flying personnel of the German Armed Forces, developed a *Stress Concept for the Flying Personnel of the German Armed Forces* which has been published and established in October 1998. This order describes and regulates the pre- during- and post- deployment training and education as well as the support through early interventions after critical incidents, accidents and fatal enemy or terrorist attacks.

### **2.0 THE STRESS CONCEPT FOR THE FLYING PERSONNEL OF THE GERMAN ARMED FORCES (SPECIAL ORDER OF THE GENERAL SURGEON OF THE AIR FORCE / BESANGENARZTLW 705 / 5061)**

#### **2.1 Chapter 1 – Introduction and Special Courses**

Chapter 1 describes to which courses and trainings for flying personnel of the German Armed Forces (GAF) special training in stress, stress coping and psychological support has to be implemented and to which extent.

#### **2.2 Chapter 2 – Deployment Oriented Part**

##### **2.2.1 General Remarks**

According to the Stress Concept for the Flying Personnel of the GAF an aviation psychologist has to be assigned to every flying unit of the GAF. The special training has to be conducted in close cooperation by the flight surgeon and the assigned psychologist.

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Among others one of the aims of the psycho-medical support and the psychological training pre, during and after deployments is to prevent severe posttraumatic stress reactions up to and including a Post-Traumatic Stress Disorder (PTSD; acc. to ICD 10).

### **2.2.2 Pre Deployment Preparation**

A general psychological deployment preparation repeatedly takes place every four years in each flying unit as a basic instruction course on aviation psychology and stress management. This 16 hours training course is conducted by the assigned aviation psychologist and the flight surgeon of the unit.

A specific 20 hours psychological deployment preparation course has to be conducted by the assigned psychologist, the flight surgeon and the unit leader shortly before the deployment.

### **2.2.3 During Deployment Support**

As soon as a flying unit is deployed a specially trained aviation psychologist, normally the assigned psychologist, is on stand-by and can be deployed on request by the General Surgeon to join the unit if necessary. This psychologist has to be trained and qualified as military psychologist, aviation psychologist and has to have at least basic knowledge about aviation and the specific requirements of military aviation. His special tasks, in close cooperation with the flight surgeon, are:

- to advise military leaders on the command level
- individual counselling
- preventive counselling on stress and stress reactions
- mental preparation for changing situations and conditions
- preparation for social reintegration after returning home
- application of early intervention and crisis intervention measures and techniques according to the Critical Incident Stress Management (CISM) concept after critical incidents
- psychotherapy (if qualified and therapy necessary)

After critical or potentially traumatizing events or incidents psychological debriefings have to be conducted by a crisis intervention team if the situation allows.

### **2.2.4 Post Deployment Support**

After a deployment unit leaders and flight surgeons evaluate the necessity of further follow up measures depending on observed symptoms of acute stress reactions, which could not be reduced by measures of self- and buddy help. If all of these measures failed or did not reduce the symptoms the flight surgeon decides about a referral into professional care for neurological / psychiatric diagnostics and / or psychotherapy.

## **2.3 Chapter 3 – Supplementary Measures**

a. Supplementary measures contain especially additional and specific psychological training and education for flight surgeons, flight safety officers and their assistants and the psychologist's assistants.

b. In each unit the unit commander, the flight surgeon and the assigned psychologist identify personnel qualified and to be trained as "peers" to assist the professionals in the application of CISM measures for each of the following groups:

- aircraft / helicopter pilots

- crew members
- additional crew members
- flight safety personnel
- medical personnel

c. Family support is regulated in a special order of the Armed Forces Command.

## **2.4 Chapter 4 – Crisis Intervention after Aircraft Accidents**

- After aircraft accidents / - incidents / mass disasters measures of the Critical Incident Stress Management have to be applied to prevent or reduce the development of posttraumatic stress reactions or disorders.
- Fast and adequate psychological help and support are essential factors of the prevention of the consequences of posttraumatic stress.
- After aircraft accidents / - incidents / mass disasters with flying personnel involved the Department Aviation Psychology of the German Air Force Institute of Aviation Medicine deploys a crisis intervention team on request to coordinate and apply all necessary CISM measures.
- Department Aviation Psychology of the German Air Force Institute of Aviation Medicine has to guarantee the timely deployment of a crisis intervention team.

## **3.0 ATTACHMENTS / AMENDMENTS**

In this section the different syllabi and modules of the different trainings and educational measures are described as well as the different intervention measures including the techniques of CISM.

